



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: SELF-DIRECTED CARE OF HEALTH CARE TASKS POLICY 9.11

Authority: RCW 74.39.007 and 050

PURPOSE

This policy specifies the procedures to be used when an adult with developmental disabilities and a functional disability, living in his or her own home, requests to direct and supervise a paid personal aide/individual provider in the performance of a health care task.

SCOPE

This policy applies to case/resource managers who authorize individual provider services for eligible adults.

POLICY

The Division of Developmental Disabilities (DDD) supports the rights of individuals with a functional disability living in their own homes to direct and supervise paid personal aide/individual providers in the performance of health care tasks.

PROCEDURES:

When an adult client requests DDD to authorize payment for health care tasks under their immediate direction and supervision, the DDD case/resource manager will use the *Self-Directed Care* form (Attachment A) to ensure that the person meets all of the requirements for payment of self-directed care tasks.

A. The adult client must:

1. Be age eighteen (18) or older;
2. Initiate the request to self-direct his or her medical tasks;
3. Be legally competent to make his/her own healthcare decisions (e.g., does not have a legal guardian for medical decisions);
4. Be unable to perform the health care task for himself/herself because of a functional impairment;
5. Live in his or her own home (i.e., a living situation that does not require licensure);
6. Employ an unrelated individual provider (relative providers can be paid for health related tasks without the use of self-directed care);
7. Discuss self-directing care with his or her health care provider and get treatment orders (a bottle/container of prescribed medications is sufficient); and
8. Obtain consent of the individual provider to perform these health care/medical tasks under the supervision and direction of the client.

B. The Case/Resource Manager (CRM) must:

1. Meet with the client in his or her home to implement self-directed care;
2. Complete the *Self-Directed Care* form. Each answer must be a "Yes" before DDD can pay for self-directed care;
3. Revise the client's needs assessment to indicate which health care tasks will be client-directed;
4. Revise the service plan to authorize the provision of the specific health care tasks:
 - a. Develop the service plan goal in coordination with the client;

- b. If the provider does individual provider (IP) services for more than one DDD program for this same client, revise all of the client's service plans;
 - c. Attach a copy of the treatment orders for the self-directed tasks as provided by the health care professional. Since prescribed medications have the directions already, no additional orders are required for prescribed medications;
 - d. Discuss any concerns with the client, negotiate solutions, or request a release of information to talk with the health care provider;
 - e. Describe in the service plan, per the client's description, what is to be done and when;
 - f. State in the service plan that the supervision and direction of these tasks is the responsibility of the client;
 - g. Provide a copy of the service plan to the client and provider; and
 - h. Review at least every twelve (12) months.
- 5. Give the UW Self-Directed Care Program study letter to the client and his or her provider.
 - 6. Change the SSPS 154/159 authorizing the IP services by changing the “Y” in the DDD client case number to an “S” and enter the change effective date to the start date of the self-directed care.
 - 7. Mail the revised MPC assessment and service plan to the Nursing Services Agency (AAA) and request a nursing visit within thirty (30) days, and quarterly thereafter until the client is secure with self-directing. The nurse may provide training to the client as to how to train his or her provider.

DEFINITIONS

“Personal aide” means an individual, working privately or as an individual provider under contract or agreement with the Department of Social and Health Services, who acts at the direction of an adult person with a functional disability living in his or her own home and

provides that person with health care services that a person without a functional disability can perform.

“Self-directed care” means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks.

EXCEPTION:

None.

SUPERSESSION:

None.

Approved: /s/ Timothy R. Brown
Director, Division of Developmental Disabilities

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